

Unreached Peoples

Feedback Form

You can fill in this form electronically on any people profile at:

<http://www.joshuaproject.net/people-profile.php>

Answer as many items as possible, but please do not feel all fields must be entered before submitting this form. Even a small amount of information is very helpful!

People Name: _____

Country: _____

1. Basic Research Information

A. Alternate people names _____

B. Where is this people located in this country? (Strategic States / Provinces, Districts and Cities) _____

C. Current population estimate? _____

Information Source: _____

D. What language do they speak?

1. Primary (heart language) _____

2. Secondary (trade language) _____

E. Primary religion(s)?

Christian Muslim Hindu Buddhist Chinese Folk Tribal Jewish

Ethnic Religions Non-Religious Other: _____

2. Ministry Resources Availability

A. Is Scripture available in a language they can understand?

Written? None Portions NT Whole Bible

Audio? None Portions NT Whole Bible

B. Are Christian radio broadcasts in their primary available? Yes No

C. Are Audio recordings in their primary language available? Yes No

Please return this survey to:

Joshua Project

PO Box 62614 Colorado Springs, CO 80962

Phone: 719-886-4000 www.joshuaproject.net E-mail: <info@joshuaproject.net>

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3. Ministry Progress

- A. What % of this people are Christ-followers? _____
- B. Is the number of Christ-followers: Shrinking Static Growing
- C. What % of this people are nominal Christian adherents? _____
- D. Rank the Church Planting progress among this people: (Circle a number)
- 0 - No known believers
 - 1 - No churches, some believers
 - 2 - One known church
 - 3 - Group of churches
 - 4 - Reproducing church movement
 - 5 - Widespread, discipling church
- E. Is the Church in this people group: Shrinking Static Growing
- F. Do ministry partnerships focused on this people group exist? Yes No
- F. Is the Church in this people capable of reaching the rest of the group without outside assistance? Yes No
- Comments: _____
- _____

4. Data Source (Person or organization filling out this form)

Name _____

Agency or Church _____

Address _____

City / State / Zip _____

Country _____

Phone / Fax _____

Email _____

Website _____

Date _____

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